



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 08/26/2020 Permit No.: B2020-3108

Date Issued: 8/28/2020 BY: [Signature]

CITY OF BEAVERTON
BUILDING DIVISION

Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 8820 SW Morgan Drive
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name:
Cross street/directions to job site: SW Morgan Dr. + SW Sorrento Rd.

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

adding window to bedroom at West facing exposure

☒ PROPERTY OWNER

☐ TENANT

Name: Lili Yeo

Address: 8820 SW Morgan Dr

City/State/ZIP: Beaverton, OR 97008

Phone: 503-267-7608

Fax:

E-mail: lili@goumikids.com

☒ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name: Lili Yeo

Address: 8820 SW Morgan Dr.

City/State/ZIP: Beaverton, OR 97008

Phone: 503-267-7608

Fax:

E-mail: lili@goumikids.com

CONTRACTOR

Business name: DK Exteriors

Address: 2315 E Portland RD Unit C1

City/State/ZIP: Newberg OR 97132

Phone: 503-487-6055

Fax:

CCB lic.: 188630

Authorized
signature: [Signature]

Print name: Lili Yeo

Date: 21 aug 2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$250.00 ~~\$405,000~~

Number of bedrooms: 3

Number of bathrooms: 2

Total number of floors: 2.5

New dwelling area: 0 square feet

Garage/carport area: 0 square feet

Covered porch area: 0 square feet

Deck area: 0 square feet

Other structure area: 0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 08/03/2020 Permit No.: B2020-2762
Date Issued: 08/28/2020 By: [Signature]
CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7475 SW Oleson Road	
City/State/ZIP: Beaverton, OR 97223	
Suite/bldg./apt. no.:	Project name: T-Mobile Garden Home
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace (3) panel antennas and (3) RRUs; install (1) HCS cable and (1) junction box	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tualatin Hills Parks and Recreation	
Address: 15707 SW Walker Road	
City/State/ZIP: Bellevue, WA 98006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of T-Mobile	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
CONTRACTOR	
Business name: BLUESTREAM PROFESSIONAL SERVICES LLC	
Address: 3305 HIGHWAY 60 WEST	
City/State/ZIP: FARIBAULT MN 55021	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Existing building area:	square feet 120
New building area:	square feet 120
Number of stories:	N/A
Type of construction:	II-B
Occupancy groups:	
Existing:	U
New:	U
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$290.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]

Print name:	Date:
Amanda Nations	07/29/20

Approved

RECEIVED



Building Permit Application
Community and Economic Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 01/23/2020	Permit No.: B2020-0255
Date Issued: 01/23/2020	Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8031 SW Greenhouse Lane	
City/State/ZIP: Portland OR, 97225	
Suite/bldg./apt. no.:	Project name: Olney Park
Cross street/directions to job site:	
Subdivision:	Lot no.: 4
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Westwood Homes LLC.	
Address: 12700 NW Cornell Rd.	
City/State/ZIP: Portland OR 97229	
Phone: 503-713-6294	Fax:
E-mail: Allison@westwoodhomesllc.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-713-6294	Fax:
E-mail: Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$388,955.18
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2928 square feet
Garage/carport area:	606 square feet
Covered porch area:	50 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,555.36
Amount received	
Date received:	

Authorized signature: Allison May	Date: 1/20/2020
Print name: Allison May	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community and Economic Development
PO Box 4755, Beaverton, OR 97078
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 11/23/2020	Permit No.: B2020-0256
Date Issued: 12/21/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 388,955.18

Number, of bedrooms: 5

Number of bathrooms: 3

Total number of floors: 2

New dwelling area: 2928 square feet

Garage/carport area: 606 square feet

Covered porch area: 50 square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,555.36

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

rev 07/13

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 8011 SW Greenhouse Lane

City/State/ZIP: Portland OR, 97225

Suite/bldg./apt. no.:

Project name: Oliver Park

Cross street/directions to job site:

Subdivision:

Lot no.: 3

Tax map/parcel no.:

DESCRIPTION OF WORK

☒ PROPERTY OWNER

☐ TENANT

Name: Westwood Homes LLC.

Address: 12700 NW Cornell Rd.

City/State/ZIP: Portland OR 97229

Phone: 503-713-6294 Fax:

E-mail: Allison@westwoodhomesLLC.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Westwood Homes LLC

Contact name: Allison May

Address: 12700 NW Cornell Rd

City/State/ZIP: Portland, OR 97229

Phone: 503-713-6294 Fax:

E-mail: Allison@westwoodhomesLLC.com

CONTRACTOR

Business name: same as applicant

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.: 195597

Authorized signature:

Print name: Allison May

Date: 1/20/2020



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/19/2020 Permit No.: B2020-3004

Date Issued: 8/28/2020 By: [Signature]

CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17840 NW Fieldstone Dr	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Tipler 36587
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R622179	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 5 Push Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Eric Tipler	
Address: 17840 NW Fieldstone Dr	
City/State/ZIP: Beaverton OR 97006	
Phone: (541) 941-9886	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmas.com	
CONTRACTOR	
Business name: Terra Firma Foundation Systems	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB Ilo.: 173547 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9,322.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$139.05
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:

[Signature]

Date:

Print name:

Elenita Ronquillo

08/18/20



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

RECEIVED

OFFICE USE ONLY

Date Received: 08/21/2020 Permit No.: B2020-3046
Date Issued: 08/27/2020
CITY OF BEAVERTON
BUILDING DIVISION
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4790 SW Watson Avenue	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Mt. Adams - 4790
Cross street/directions to job site: NE corner of SW Watson & SW 3rd Street	
Subdivision:	Lot no.:
Tax map/parcel no.: 15116 AD 05700	
DESCRIPTION OF WORK	
Tenant improvements to 4790 SW Watson including upgrading existing toilet to comply with ADA, and enclosing four existing open offices with new walls and doors.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: North Rim Development	
Address: 819 SE Morrison Street	
City/State/ZIP: Portland OR	
Phone: (503) 525-1925	Fax:
E-mail: jw@northrimpx.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Stewart Gordon Straus Architect PC	
Contact name: Stewart Straus	
Address: 3800 SW Cedar Hills Blvd Suite 226	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 672-7517	Fax:
E-mail: sgs@s-straus.com	
CONTRACTOR	
Business name: North Rim Development	
Address: 819 SE Morrison Street	
City/State/ZIP: Portland OR	
Phone: (503) 525-1925	Fax:
CCB lic.: 181526	

Authorized signature:

Stewart Straus

Print name:

Stewart Straus

Date:

08/20/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$10,000.00

Existing building area: 4064 square feet

New building area: 0 square feet

Number of stories: 1

Type of construction: VB

Occupancy groups: B

Existing: B

New: B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$285.65

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/04/2020 Permit No.: B2020-2782

Date Issued: 8/22/2020

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 927 NW Turnberry Terrace

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name: Burnett

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Add full bath on main floor and remove 1/2 bath

☒ PROPERTY OWNER

☐ TENANT

Name: Bill and Karen Burnett

Address: 927 NW Turnberry Terrace

City/State/ZIP: Beaverton, OR

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Creekside Construction

Contact name: Dan Bradley

Address: 13525 SW 21 St

City/State/ZIP: Beaverton, OR 97008

Phone: 503-789-7781

Fax:

E-mail: dmcbradley@gmail.com

CONTRACTOR

Business name: Creekside Construction

Address: 13525 SW 21 St

City/State/ZIP: Beaverton, OR 97008

Phone: 503-789-7781

Fax:

CCB lic.: 111475

Authorized signature: Dan Bradley

Print name: Dan Bradley

Date: 8/3/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$30,000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$391.96

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97078
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/26/2020 Permit No.: B2020-3096
Date Issued: 8/27/2020 By: [Signature]
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Reroof
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9375 SW Beaverton Hillsdale HWY	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.:	Project name: Chipotle Grill
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing a Durolast Membrane Roofing System over existing built-up roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chipotle Mexican Grill Inc	
Address: PO Box 182566	
City/State/ZIP: Columbus Ohio	
Phone: 614-318-7459	Fax:
E-mail: scott.brown@chipotle.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Columbia River Roofing	
Contact name: Jack Molenkamp	
Address: 14745 SE 82nd Drive	
City/State/ZIP: Clackamas Ore 97015	
Phone: 503-674-8754 c 503-830-4779	Fax:
E-mail: jack@vaporarmour.com	
CONTRACTOR	
Business name: Columbia River Roofing	
Address: 14745 SE 82nd Drive	
City/State/ZIP: Clackamas Ore 97015	
Phone: 503-674-8754 c 503-830-4779	Fax:
CCB Lic.: 113052	

Authorized signature:

Print name:

Date:

Jack

8/26/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,740
Existing building area:	3900 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	CMU lumber
Occupancy groups:	A2
Existing:	A2
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$662.44
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/25/2020 Permit No.: B2020-3067
Date Issued: 8-25-20 By: *[Signature]*
CITY OF BEAVERTON Payment Type: Visa

BUILDING DIVISION

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9665 SW Allen Blvd

City/State/ZIP: Beaverton, OR 97005

Suite/bldg./apt. no.: 110

Project name: Vacancy Market Prep

Cross street/directions to job site: Located just off Allen Blvd near Sunshine Court

Subdivision: Allen Business Park II

Lot no.:

Tax map/parcel no.: 1S123BA01600

DESCRIPTION OF WORK

Clean-up, market prep of a vacant space. Mostly cosmetic (floor coverings & paint), with minor reconfiguration of existing office area.

☒ PROPERTY OWNER

☐ TENANT

Name: Pacific NW Properties LP

Address: 6600 SW 105th Avenue, Suite 175

City/State/ZIP: Beaverton, OR 97008

Phone: (503) 626-3500

Fax:

E-mail: mitch.page@pnwprop.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Pacific NW Properties LP

Contact name: Mitch Page

Address: 6600 SW 105th Avenue, Suite 175

City/State/ZIP: Beaverton, OR 97008

Phone: (503) 626-3500

Fax:

E-mail: mitch.page@pnwprop.com

CONTRACTOR

Business name: Robert-Todd Construction, Inc.

Address: 4080 SE International Way, Suite B-113

City/State/ZIP: Milwaukie, OR 97222

Phone: (503) 653-5704

Fax:

CCB lic.: 98517

Authorized
signature:

Mitch Page

Print name:

Date:

08/20/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$47,060

Existing building area: 10,434 square feet

New building area: 10,434 square feet

Number of stories:

1

Type of construction: Concrete Tilt Up

Occupancy groups: S1 / B

Existing: S1 / B

New: N/A

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$894.82

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

RECEIVED

OFFICE USE ONLY

Date Received: 07/06/2020 Permit No.: B2020-2329
Date Issued: 8-25-20 By: HUK
CITY OF BEAVERTON Payment Type: Check
BUILDING DIVISION

TYPE OF WORK

- ☒ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☒ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9835 SW Denney Rd
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name: Building 4
Cross street/directions to job site: SW Scholls Rd

Subdivision: Denney Gardens Lot no.: 11

Tax map/parcel no.:

DESCRIPTION OF WORK

Construct single family residence

☒ PROPERTY OWNER

☐ TENANT

Name: Willamette West Habitat for Humanity

Address: 5293 NE Elam Young Pkwy, # 140

City/State/ZIP: Hillsboro, OR 97124

Phone: (503) 502-8523

Fax:

E-mail: mikewille@habitatwest.org

☐ APPLICANT

☒ CONTACT PERSON

Business name: Willamette West Habitat for Humanity

Contact name: Mike Wille

Address: 5293 NE Elam Young Pkwy, # 140

City/State/ZIP: Hillsboro, OR 97124

Phone: (503) 502-8523

Fax:

E-mail: mikewille@habitatwest.org

CONTRACTOR

Business name: Willamette West Habitat for Humanity

Address: 5293 NE Elam Young Pkwy, # 140

City/State/ZIP: Hillsboro, OR 97124

Phone: (503) 502-8523

Fax:

CCB lic.: 146735

Authorized
signature:

Michael Wille

Print name:

Date:

07/03/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$167,191.08

Number of bedrooms: 2

Number of bathrooms: 2

Total number of floors: 3

New dwelling area: 1308 square feet

Garage/carport area: 380 square feet

Covered porch area: 60 square feet

Deck area: 0 square feet

Other structure area: 0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 07/06/2020 Permit No.: B2020-2325

Date Issued: 8-25-20 By: HLE

CITY OF BEAVERTON Payment Type: Check

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input checked="" type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9833 SW Denney Rd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Building 4
Cross street/directions to job site: SW Scholls Ferry RD	
Subdivision: Denney Gardens	Lot no.: 40
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construct single family residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, # 140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Willamette West Habitat for Humanity	
Contact name: Mike Wille	
Address: 5293 NE Elam Young Pkwy, # 140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
E-mail: mikewille@habitatwest.org	
CONTRACTOR	
Business name: Willamette West Habitat for Humanity	
Address: 5293 NE Elam Young Pkwy, # 140	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 502-8523	Fax:
CCB lic.: 146735	

Authorized signature: Michael Wille

Print name: Michael Wille Date: 07/03/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$193,351.40

Number of bedrooms: 3

Number of bathrooms: 2

Total number of floors: 3

New dwelling area: 1540 square feet

Garage/carport area: 380 square feet

Covered porch area: 60 square feet

Deck area: 0 square feet

Other structure area: 0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/06/2020 Permit No.: B2020-2324

Date Issued: 8-05-20 By: JLV

CITY OF BEAVERTON

Payment Type: Check

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☒ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9831 SW Denney Rd

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.:

Project name: Building 4

Cross street/directions to job site: SW Scholls Ferry RD

Subdivision: Denney Gardens

Lot no.: 9

Tax map/parcel no.:

DESCRIPTION OF WORK

Construct single family residence

☒ PROPERTY OWNER

☐ TENANT

Name: Willamette West Habitat for Humanity

Address: 5293 NE Elam Young Pkwy, # 140

City/State/ZIP: Hillsboro, OR 97124

Phone: (503) 502-8523

Fax:

E-mail: mikewille@habitatwest.org

☐ APPLICANT

☒ CONTACT PERSON

Business name: Willamette West Habitat for Humanity

Contact name: Mike Wille

Address: 5293 NE Elam Young Pkwy, # 140

City/State/ZIP: Hillsboro, OR 97124

Phone: (503) 502-8523

Fax:

E-mail: mikewille@habitatwest.org

CONTRACTOR

Business name: Willamette West Habitat for Humanity

Address: 5293 NE Elam Young Pkwy, # 140

City/State/ZIP: Hillsboro, OR 97124

Phone: (503) 502-8523

Fax:

CCB lic.: 146735

Authorized
signature:

Michael Wille

Print name:

Michael Wille

Date:

07/03/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$193,351.40

Number of bedrooms:

3

Number of bathrooms:

2

Total number of floors:

3

New dwelling area: 1540 square feet

Garage/carport area: 380 square feet

Covered porch area: 60 square feet

Deck area: 0 square feet

Other structure area: 0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/29/2020

Permit No.: B2020-2709

Date Issued: 8-25-20

By: *MC*

Payment Type: *MC*

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 2597 SW CEDAR HILLS BOULEVARD

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt. no.:

Project name: BUILDING-9

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

INSTALLATION OF SPRINKLER MONITORING SYSTEM

☒ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: STONER ELECTRIC, INC.

Contact name: DENNIS WHITCOMB

Address: 1904 SE OCHOCO

City/State/ZIP: MILWAUKIE, OR 97222

Phone: (503) 462-5214

Fax:

E-mail: PERMITS@STONERGROUP.COM

CONTRACTOR

Business name: STONER ELECTRIC, INC.

Address: 1904 SE OCHOCO

City/State/ZIP: MILWAUKIE, OR 97222

Phone: (503) 462-6500

Fax:

CCB lic.: 44823

Authorized
signature:

Dennis Whitcomb

Print name:

DENNIS WHITCOMB

Date:

07/29/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$5,500

Existing building area: 0 square feet

New building area: 11000 square feet

Number of stories: 1

Type of construction: V-B

Occupancy groups: A-2

Existing: NONE

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$81.66

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/17/2020 Permit No.: B2020-2973
Date Issued: 8/24/2020 By: [Signature]
CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 15,000

Number of bedrooms:

Number of bathrooms: 1

Total number of floors:

New dwelling area: 0 square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$175.59

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9750 SW 160 AV

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

create a new bathroom. build walls, open a wall.

☐ PROPERTY OWNER

☐ TENANT

Name: ED TIPPING

Address: 9750 SW 160 AV

City/State/ZIP: Beaverton

Phone: 503 720 6371

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name: Jack Loback

Address: 4594 NE 35 PL

City/State/ZIP: Portland, OR 97211

Phone: 503-282-6002

Fax:

E-mail: jackloback593@gmail.com

CONTRACTOR

Business name: Evergreen Renovations

Address: 14605 SW Bonanza CT.

City/State/ZIP: Beaverton, OR 97007

Phone: 503-735-5650

Fax:

CCB lic.: 186486

Authorized signature: [Signature]

Print name: JACK LOBACK

Date: 8.17.2020



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received	07/15/2020	Permit No	B2020-2469
Date Issued:	8-24-20	By:	<i>[Signature]</i>
		Payment Type:	AMX

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 12675 SW Broadway St
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: Tan Tan TI
Cross street/directions to job site:

Subdivision: Lot no.: 4400

Tax map/parcel no.: 1S116AA04400

DESCRIPTION OF WORK

Storefront and tenant improvement of an existing restaurant.

☒ PROPERTY OWNER

☒ TENANT

Name: Lisa Tran
Address: 12675 SW Broadway St
City/State/ZIP: Beaverton, OR 97005
Phone: (503) 641-2700 Fax:
E-mail: tantancafedeli@gmail.com

☒ APPLICANT

☒ CONTACT PERSON

Business name: Skylab Architecture, LLC
Contact name: Jeni Nguyen
Address: 413 SW 13th AVE
City/State/ZIP: Portland, OR 97205
Phone: (503) 780-8331 Fax:
E-mail: jeni@skylabarchitecture.com

CONTRACTOR

Business name: JHC Commercial, LLC
Address: 11125 SW Barbur Blvd
City/State/ZIP: Portland, OR 97219
Phone: (503) 624-7100 Fax: (503) 684-5295
CCB lic.: 158061

Authorized
signature:

[Signature]

Print name:

Jennifer Nguyen

Date:

07/14/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$81,896.00

Existing building area: 2,408 square feet

New building area: 0 square feet

Number of stories: 1

Type of construction: III-B

Occupancy groups: Assembly A-2

Existing: A-2

New: A-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,227.40

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

RECEIVED

OFFICE USE ONLY

Date Received: 07/29/2020
Date Issued: 8-24-20
Permit No. B2020-2706
By: [Signature]
CITY OF BEAVERTON
Payment Type: MC

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12655 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Broadway & Lombard
Cross street/directions to job site: Adjacent to City of Beaverton Building Dept.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AA700000	
DESCRIPTION OF WORK	
Installation of 6 antennas, 12 RRHs, 2 surge protectors, fiber/dc cables, an outdoor equipment cabinet and diesel generator located on the rooftop of an existing parking garage. All equipment will be located behind a fiberglass reinforced panel (RFP) screen.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: The Round Owner, LLC	
Address: 222 SW Columbia St, Ste 700	
City/State/ZIP: Portland, OR 97201	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Smartlink on B/O New Cingular Wireless PCS, LLC	
Contact name: Debbie Griffin	
Address: 11232 120th Ave, Ste 204	
City/State/ZIP: Kirkland, WA 98033	
Phone: (480) 296-1205	Fax:
E-mail: Debra.Griffin@smartlinkgroup.com	
CONTRACTOR	
Business name: Velocitel	
Address: 1150 First Ave, Ste 600	
City/State/ZIP: King of Prussia, PA 19406	
Phone: (805) 216-8384	Fax:
CCB lic.: 218854	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:

[Signature]

Print name:

Debbie Griffin

Date:

07/29/20



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/17/2020

Permit No.: B2020-2501

Date Issued: 8-24-20

By: *[Signature]*

Payment Type: *VISC*

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12755 SW Pegg Ct

City/State/ZIP: Beaverton, OR 97005

Suite/bldg./apt. no.:

Project name: Speight Addition

Cross street/directions to job site: SW Main Ave & Pegg Ct, between SW 9th & SW 10th

Subdivision: Shipley

Lot no.: 4

Tax map/parcel no.: 1S116DD10800

DESCRIPTION OF WORK

Demo and rebuild utility room on north side of house, relocate front door, remove interior non-load bearing wall, readjust interior load-bearing wall, complete interior & exterior renovation

☒ PROPERTY OWNER

☐ TENANT

Name: Thomas Speight & Jo Speight

Address: 12755 SW Pegg Ct

City/State/ZIP: Beaverton OR 97005

Phone: (503) 330-7172

Fax:

E-mail: jospeight@gmail.com

☒ APPLICANT

☒ CONTACT PERSON

Business name:

Contact name: Jo Speight

Address: 12755 SW Pegg Ct

City/State/ZIP: Beaverton OR 97005

Phone: (503) 330-7172

Fax:

E-mail: jospeight@gmail.com

CONTRACTOR

Business name: Homeowner

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.:

Authorized
signature:

Print name:

Jo Speight

Date:

07/16/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 25000

Number of bedrooms: 2

Number of bathrooms: 2

Total number of floors: 2

New dwelling area: 1255 square feet

Garage/carport area: 0 square feet

Covered porch area: 70 square feet

Deck area: 0 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 248.67

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 11/07/2019 Permit No.: B2019-4638
Date Issued: 02/12/2020
Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4100 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 8	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 8 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: Polygon WLL LLC	
Address: 703 Broadway St. 510	
City/State/ZIP: Vancouver WA 98660	
Phone: 360-695-7700	Fax:
CCB lic.: 204238	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

4,833,333.33

Existing building area: square feet 0

New building area: square feet 47902

Number of stories: 4

Type of construction: New Construction-Mixed Use

Occupancy groups: Apartment Rental

Existing: None

New: Apartment Rental

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$5,336.05

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Braden Lewallen

Date:

11/05/19

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 10-24-19 Permit No.: B2019-4407
Date Issued: 11/24/2020
Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4000 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 7	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 7 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: Polygon WLT LLC	
Address: 703 Broadway St. Ste 510	
City/State/ZIP: Vancouver WA 98660	
Phone: 360-695-7700	Fax:
CCB lic.: 204238	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4,833,333.33
Existing building area:	square feet 0
New building area:	square feet 47902
Number of stories:	4
Type of construction:	New Construction-Mixed Use
Occupancy groups:	Apartment Rental
Existing:	None
New:	Apartment Rental
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,336.05
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Braden Lewallen	10/23/19

RECEIVED

8/6/2020

Plumbing Permit Application

CITY OF BEAVERTON

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

REV 20-435

General Information (503) 526-2222

BeavertonOregon.gov

T

Date Received: 8/24/2020	Permit No.: B2019-4407
Date Issued: 8/24/2020	
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4000 SW Orbit St.	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.: 7	Project name: West End Apartments
Cross street/directions to job site: SW Tualatin Valley Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: West End Beaverton LLC	
Address: 703 Broadway St. Suite 510	
City/State/ZIP: Vancouver WA 98660	
Phone: (503) 221-1920	Fax:
E-mail: CGrieb@taylormorrison.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Polygon WLH	
Contact name: Cam Grieb	
Address: 703 Broadway St. Suite 510	
City/State/ZIP: Vancouver WA 98660	
Phone: (503) 536-3486	Fax:
E-mail: CGrieb@taylormorrison.com	
CONTRACTOR	
Business name: Alliance Plumbing	
Address: 146 west historic columbia river hwy	
City/State/ZIP: troutdale or 97060	
Phone: (503) 492-3490	Fax: (503) 912-6438
E-mail: tomh@allianceplumbing.ne	Plumbing. lic.: PB732
CCB lic.: 184601	City or metro lic. no.: 10833

FEE SCHEDULE			
For special information, use checklist.			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		389.74	
SFR (2) bath		448.20	
SFR (3) bath		506.67	
Each additional bath/kitchen		46.81	
Fire sprinkler (0 sq ft.)		*	
Site utilities			
Catch basin/ area drain/manhole		20.31	
Drywell, leach line, or trench drain		20.31	
Footing drain	1	20.31	20.31
Manufactured home utilities		20.31	
Rain drain connector	21	20.31	426.51
Sanitary sewer (no. linear ft.: 100)		*	52.99
Storm sewer (no. linear ft.: 100)		*	52.99
Water service (no. linear ft.: 100)		*	52.99
Fixture or Item			
Absorption valve (water hammer)	2	20.31	40.62
Backflow preventer		43.68	
Backwater valve	1	20.31	20.31
Clothes washer	36	20.31	731.16
Dishwasher	36	20.31	731.16
Drinking fountain	1	20.31	20.31
Ejectors/sump	1	20.31	20.31
Fixture/sewer cap		20.31	
Floor drain/floor sink/hub/ primer	2	20.31	40.62
Garbage disposal	36	20.31	731.16
Hose bib	2	20.31	40.62
Ice maker		20.31	
Interceptor/grease trap	2	20.31	40.62
Medical gas (value: \$ 0)		*	
Roof drain (commercial)		20.31	
Sink/basin/lavatory	106	20.31	2,152.86
Tub/shower/shower pan	57	20.31	1,157.67
Urinal	1	20.31	20.31
Water closet	60	20.31	1,218.60
Water heater/expansion tank	36	20.31	731.16
Water meter pvt		20.31	
1&2 family dwelling re-pipe		144.95	
Multi-family/commercial re-pipe (first 20 fixtures)		144.95	
Multi-family/commercial re-pipe ea. fixture over 20		9.67	
Other: Future Connection Rt.	3	20.31	60.93
Subtotal			8,364.21
Minimum permit fee			
<input type="checkbox"/> Check for Plan Review	Plan review (25% of permit fee)		
State surcharge (12% of permit fee)			1,003.71
TOTAL PERMIT FEE			\$9,367.92

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* See Fee Schedule

total due

Authorized signature:

Print name: Robert Dishman

Date: 02/26/20



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 08/12/2020	Permit No.: B2020-2895
Date Issued: 8/11/2020	By: [Signature]
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Repair
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14350 SW Lisa Ln	
City/State/ZIP: Beaverton, OR 97005	
Subdiv/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary repair to existing foundation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pamela Hunsinger	
Address: 14350 SW Lisa Ln	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 338-8748	Fax:
E-mail: none	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ram Jack West	
Contact name: Kelsea Rossow	
Address: PO Box 11701	
City/State/ZIP: Eugene, OR 97440	
Phone: (458) 221-0018	Fax: (541) 688-4991
E-mail: kelsea@ramjackwest.com	
CONTRACTOR	
Business name: Ram Jack West	
Address: PO Box 11701	
City/State/ZIP: Eugene, OR 97440	
Phone: (458) 221-0018	Fax: (541) 688-4991
OCB lic.: 146906	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$29,865
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$280.73
Amount received	
Date received:	

Authorized signature: [Signature]	DocuSigned by: Kelsea Rossow
Print name: Kelsea Rossow	Date: 8/11/2020

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Approved

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 1-15-19	Permit No.: B2019-0187
Date Issued: 8/24/2020	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9965 SW DENNEY Rd.	
City/State/ZIP: Beaverton OR. 97008	
Suite/bldg./apt. no.:	Project name: Denney Rd Partition Plat
Cross street/directions to job site: Denney and 100 St SW	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S123BC-00200	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PETRU BULZA	
Address: 9975 SW DENNEY RD.	
City/State/ZIP: BEAVERTON OR. 97008	
Phone: 503-4070738	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PETRU BULZA CONSTRUCTION	
Contact name: PETRU	
Address: 9975 SW DENNEY RD.	
City/State/ZIP: BEAVERTON OR. 97008	
Phone: 503 4070738	Fax:
E-mail: P-BULZA@YAHOO.COM.	
CONTRACTOR	
Business name:	
Address: Some	
City/State/ZIP:	
Phone: 503 4070738	Fax:
CCB lic.: 91878	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$231,688.20

Number of bedrooms: 3

Number of bathrooms: 3 1/2

Total number of floors: 2

New dwelling area: 1956 square feet

Garage/carport area: NONE square feet

Covered porch area: NONE square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$1,070.93

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: PETRU BULZA

Date: 01-9-19

[Signature]



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

8/15/20

RECEIVED

OFFICE USE ONLY

Date Received: 08/19/2020 Permit No.: B2020-3018
Date Issued: 8-21-20 By: *ML*
CITY OF BEAVERTON Payment Type: *ULSC*

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>4600 SW Watson Ave</i>	
City/State/ZIP: <i>Beaverton, OR 97005</i>	
Suite/bldg./apt. no.:	Project name: <i>Nate Wan</i>
Cross street/directions to job site: <i>Corner of Watson & 1st</i>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>Ten - 088 Re roof entire building</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Moon Lee</i>	
Address: <i>4600 SW Watson Ave</i>	
City/State/ZIP: <i>Beaverton, OR 97005</i>	
Phone: <i>503-706-4831</i>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>S.D. Hutchinson LLC</i>	
Contact name: <i>Scott Hutchinson</i>	
Address: <i>7325 NE Embury Dr. #133</i>	
City/State/ZIP: <i>Hillsboro, OR 97124</i>	
Phone: <i>503-956-9772</i>	Fax:
E-mail: <i>sdhutchco@gmail.com</i>	
CONTRACTOR	
Business name: <i>S.D. Hutchinson LLC</i>	
Address: <i>7325 NE Embury Dr. #133</i>	
City/State/ZIP: <i>Hillsboro, OR 97124</i>	
Phone: <i>503-956-9772</i>	Fax:
CCB lic.: <i>197063</i>	
Authorized signature: <i>[Signature]</i>	Date: <i>8-15-2020</i>
Print name: <i>Scott Hutchinson</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>\$48,000</i>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	<i>5,000</i> square feet
New building area:	<i>0</i> square feet
Number of stories:	<i>1</i>
Type of construction:	<i>Block/Land</i>
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	<i>\$961.07</i>
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 08/19/2020

Permit No.: B2020-3014

Date Issued: 8/20/2020

By: [Signature]

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9140 Southwest Hall Boulevard

City/State/ZIP: Portland, OR 97223

Suite/bldg./apt. no.: Suite C

Project name: Banfield Pet Hospital #5262

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

relocate and add pendent and upright sprinkler heads to conform to new wall and ceiling layout for tenant improvement

☐ PROPERTY OWNER

☒ TENANT

Name: Banfield Pet Hospital

Address: 18101 SE 6th Way

City/State/ZIP: Vancouver, WA 98683

Phone: 360.784.5156

Fax:

E-mail: natalie.vanwagoner@banfield.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Cosco Fire Protection

Contact name: Christiné M. Ziegler

Address: 2501 SE Columbia Way, Suite 100

City/State/ZIP: Vancouver, WA 98661

Phone: 360.883.6383

Fax: 360.883.6390

E-mail: cziegler@coscofire.com

CONTRACTOR

Business name: Cosco Fire Protection

Address: 2501 SE Columbia Way, Suite 100

City/State/ZIP: Vancouver, WA 98661

Phone: 360.883.6383

Fax: 360.883.6380

CCB lic.: 67508

Authorized signature:

C. M. Ziegler

Print name: Christiné M. Ziegler

Date: 8.19.2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$13,896.00

Existing building area: 11,835 square feet

New building area: 4,948 square feet

Number of stories: 1

Type of construction: V (sprinklered)

Occupancy groups:

Existing: A-3 Fitness Center

New: B (Business)

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$141.89

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97078
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bld

OFFICE USE ONLY

Date Received: 08/19/2020	Permit No.: B2020-3015
Date Issued: 9/20/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8520 SW. 133RD AVE	
City/State/ZIP: Beaverton, OR, 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of a vapor barrier in crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Eric Barboa	
Address: 8520 SW. 133RD AVE.	
City/State/ZIP: Beaverton, OR, 97008	
Phone: 971-202-2578	Fax:
E-mail: eman247365@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: John's Waterproofing	
Contact name: Jake Nardin / Cleone Cantu	
Address: 201 Airport Rd. NE.	
City/State/ZIP: Silverton, OR, 97381	
Phone: 503-873-5650	Fax: 503 873 3234
E-mail: Jake@johnswaterproofing.com / cleone@johnswaterproofing.com	
CONTRACTOR	
Business name: John's Waterproofing	
Address: 201 Airport Rd. NE.	
City/State/ZIP: Silverton, OR, 97381	
Phone: 503 873 5650	Fax: 503 873 3234
CCB Lic.: 15830	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5,754.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	Crawlspace square feet 1354
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$109.82
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature: [Signature]

Print name:	Date:

Building Permit Application

Community Development Department, Building Division
City of Beaverton
12726 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 626-2403; Fax: (503) 626-2650
www.BeavertonOregon.gov/blb



OFFICE USE ONLY

Date Received: 06/17/2020 Permit No.: B2020-2083

Date Issued: By: Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK

- ☐ New construction
☒ Addition/alteration/replacement
☐ Demolition
☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling
☐ Accessory building
☐ Master builder
☒ Commercial/Industrial
☐ Multi-family
☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 5355 SW Western Ave
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: 829074 TMO App479319
Cross street/directions to job site: See T-1 of construction drawings

Subdivision: Lot no.:

Tax map/parcel no.: R1341747

DESCRIPTION OF WORK

Remove (6) Radios, (3) TMAs, (1) COVP, (1) Cable and (3) Cabinets; Add (3) Antennas, (3) Radios, (2) Cables and (2) Cabinets with Ancillary Equipment

☒ PROPERTY OWNER

☐ TENANT

Name: JOHN NIEMEYER

Address: 15 82ND DR #210

City/State/ZIP: GLADSTONE OR 97027

Phone: Fax:

E-mail: NA

☒ APPLICANT

☐ CONTACT PERSON

Business name: Crown Castle USA Inc on behalf of T-Mobile

Contact name: Natasha Montalvo

Address: 1505 Westlake Ave N Ste 800

City/State/ZIP: Seattle, WA 98109

Phone: (206) 336-2886 Fax:

E-mail: natasha.montalvo@crowncastle.com

CONTRACTOR

Business name: TBD Bluestream Professional Services LLC

Address: 51 North Pecos, Suite 108,

City/State/ZIP: Las Vegas, NV 89101

Phone: 858-531-1655 Fax:

CCB Lic.: 197475

Authorized signature: *Natasha Montalvo*

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

40,000

Existing building area: 220.5 square feet lease area

New building area: NA square feet

Number of stories: 1

Type of construction: IIB

Occupancy groups: U

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$476.80

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Milliken Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/11/2020 Permit No.: B2020-2874
Date issued: 8/10/2020
CITY OF BEAVERTON
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☒ Other: carport reroof

JOB SITE INFORMATION AND LOCATION

Job site address: 4860/4864 SW WEMBLEY
City/State/ZIP: BEAVERTON, OR 97005
Suite/bldg./apt. no.: Project name: 4860/4864 WEMBLEY
Cross street/directions to job site: 6TH AND MURRAY

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

REMOVE EXISTING CARPORT ROOF
INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL

☐ PROPERTY OWNER

☐ TENANT

Name: CAROL MOONEY - Mamanavel Onaw

Address:

City/State/ZIP:

Phone: (503) 504-5533

Fax:

E-mail: THEMOON724@OUTLOOK.COM

☐ APPLICANT

☒ CONTACT PERSON

Business name: GREG LEE CONSTRUCTION

Contact name: LINDSEY BERGIN

Address: 11170 SW TORLAND ST.

City/State/ZIP: TIGARD, OR 97223

Phone: (503) 941-9718

Fax:

E-mail: LINDSEY@GREGLEEROOFING.COM

CONTRACTOR

Business name: SAME AS ABOVE

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.: 206852

Authorized
signature:

Print name:

Date:

BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$19,750

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: 400 square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$290.98

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12726 SW Milliken Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

RECEIVED

OFFICE USE ONLY

Date Received: 08/11/2020 Permit No.: B2020-2871
Date Issued: 08/11/2020 By: [Signature]
CITY OF BEAVERTON Building Division Payment Type:

BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☒ Other: carport reroof

JOB SITE INFORMATION AND LOCATION

Job site address: 5017/5027 SW ROCKLYNN PL.
City/State/ZIP: BEAVERTON, OR 97005
Suite/bldg./apt. no.: Project name: 5017/5027 ROCKLYNN
Cross street/directions to job site: 6TH AND MURRAY

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

REMOVE EXISTING CARPORT ROOF
INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL

☐ PROPERTY OWNER ☐ TENANT

Name: CAROL MOONEY - maintenance chair
Address:
City/State/ZIP:
Phone: (503) 504-5533 Fax:
E-mail: THEMOON724@OUTLOOK.COM

☐ APPLICANT ☒ CONTACT PERSON

Business name: GREG LEE CONSTRUCTION
Contact name: LINDSEY BERGIN
Address: 11170 SW TORLAND ST.
City/State/ZIP: TIGARD, OR 97223
Phone: (503) 941-9718 Fax:
E-mail: LINDSEY@GREGLEEROOFING.COM

CONTRACTOR

Business name: SAME AS ABOVE
Address:
City/State/ZIP:
Phone: Fax:
CCB lic.: 206852

Authorized
signature:

Print name:

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$21,250
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: 400 square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation
Existing building area: square feet
New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES

Please refer to fee schedule

Fees due upon application \$314.40
Amount received
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 528-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/11/2020
Date Issued: 8/10/2020

Permit No.: B2020-2872

By: [Signature]

Payment Type:

CITY OF BEAVERTON

BUILDING DIVISION

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☒ Other: carport reroof

JOB SITE INFORMATION AND LOCATION

Job site address: 5220 SW COLONY

City/State/ZIP: BEAVERTON, OR 97005

Suite/bldg./apt. no.:

Project name: 5220 COLONY

Cross street/directions to job site: 6TH AND MURRAY

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

REMOVE EXISTING CARPORT ROOF
INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL

☐ PROPERTY OWNER

☐ TENANT

Name: CAROL MOONEY - *Maintained Chair*

Address:

City/State/ZIP:

Phone: (503) 504-5533

Fax:

E-mail: THEMOON724@OUTLOOK.COM

☐ APPLICANT

☒ CONTACT PERSON

Business name: GREG LEE CONSTRUCTION

Contact name: LINDSEY BERGIN

Address: 11170 SW TORLAND ST.

City/State/ZIP: TIGARD, OR 97223

Phone: (503) 941-9718

Fax:

E-mail: LINDSEY@GREGLEEROOFING.COM

CONTRACTOR

Business name: SAME AS ABOVE

Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 206852

Authorized
signature:

[Signature]

8/10/2020

Print name:

Greg Lee

Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$17,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: 400 square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$255.85

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 528-2403; Fax: (503) 528-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 08/11/2020	Permit No.: B2020-2873
Date Issued: 8/11/2020	By: [Signature]
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input checked="" type="checkbox"/> Other: carport reroof
JOB SITE INFORMATION AND LOCATION	
Job site address: 14290 SW ROCKLYNN PL	
City/State/ZIP: BEAVERTON, OR 97005	
Subdiv/bldg./apt. no.:	Project name: 14290 ROCKLYNN
Cross street/directions to job site: 6TH AND MURRAY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE EXISTING CARPORT ROOF INSTALL NEW PLYWOOD AND NEW ROOFING MATERIAL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CAROL MOONEY - <i>Maintenance Chair</i>	
Address:	
City/State/ZIP:	
Phone: (503) 504-5533	Fax:
E-mail: THEMOON724@OUTLOOK.COM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GREG LEE CONSTRUCTION	
Contact name: LINDSEY BERGIN	
Address: 11170 SW TORLAND ST.	
City/State/ZIP: TIGARD, OR 97223	
Phone: (503) 941-9718	Fax:
E-mail: LINDSEY@GREGLEEROOFING.COM	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 206852	
Authorized signature: [Signature]	Date: 8/10/2020
Print name: Greg Lee	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	400 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 8-17-2020

Permit No.: B2020-2971

Date Issued: 8-17-20

By: *HLK*

Payment Type: *VISA*

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☒ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 13090 SW 17th St.

City/State/ZIP: Beaverton OR 97008

Suite/bldg./apt. no.: Bldg 13

Project name: Mt. Vernon Bldg 13

Cross street/directions to job site: SW Erickson Ave. & SW 17th St.

Subdivision: HYLH

Lot no.:

Tax map/parcel no.: 1S121AB11500

DESCRIPTION OF WORK

Replace roofing underlayment and shingle. Replace roof sheathing only if damaged.

☒ PROPERTY OWNER

☐ TENANT

Name: Mt. Vernon Village Home Owners Association an Oregon nonprofit C

Address: PO Box 2429

City/State/ZIP: Beaverton, OR 97075

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Summit RWP

Contact name: Kellie Kravnak

Address: 7215 SW Bonita Rd

City/State/ZIP: Tigard, OR 97224

Phone: (971) 409-4984

Fax:

E-mail: Kelliek@summitrecon.com

CONTRACTOR

Business name: Summit RWP

Address: 7215 SW Bonita Rd

City/State/ZIP: Tigard, OR 97224

Phone: (971) 409-4984

Fax:

CCB lic.: 199636

Authorized
signature:

Print name:

Kellie Kravnak

Date:

08/17/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 98,777.00

Existing building area: square feet

New building area: square feet

Number of stories: 2

Type of construction: VB

Occupancy groups:

Existing: R-2

New: R-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,442.63

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 8-17-20	Permit No.: B2020-2970
Date Issued: 8-17-20	By: <i>ML</i>
	Payment Type: <i>Visa</i>

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 6205 SW Erickson Ave
City/State/ZIP: Beaverton OR 97008
Suite/bldg./apt. no.: Bldg 6 Project name: Mt. Vernon Bldg 6
Cross street/directions to job site: SW Erickson Ave. & SW 17th St.

Subdivision: HYLH Lot no.:
Tax map/parcel no.: 1S121AB07900

DESCRIPTION OF WORK

Replace roofing underlayment and shingle. Replace roof sheathing only if damaged.

☒ PROPERTY OWNER

☐ TENANT

Name: Mt. Vernon Village Home Owners Association an Oregon nonprofit
Address: PO Box 2429
City/State/ZIP: Beaverton, OR 97075
Phone: Fax:
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Summit RWP
Contact name: Kellie Kravnak
Address: 7215 SW Bonita Rd
City/State/ZIP: Tigard, OR 97224
Phone: (971) 409-4984 Fax:
E-mail: Kelliek@summitrecon.com

CONTRACTOR

Business name: Summit RWP
Address: 7215 SW Bonita Rd
City/State/ZIP: Tigard, OR 97224
Phone: (971) 409-4984 Fax:
CCB lic.: 199636

Authorized
signature:

Print name:

Kellie Kravnak

Date:

08/17/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 98,777.00

Existing building area: square feet

New building area: square feet

Number of stories: 2

Type of construction: VB

Occupancy groups:

Existing: R-2

New: R-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,442.63

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 8-17-2020	Permit No.: B2020-2968
Date Issued: 8-17-20	By: <i>HLK</i>
	Payment Type: <i>VISA</i>

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☒ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 6095 SW Erickson Ave

City/State/ZIP: Beaverton OR 97008

Suite/bldg./apt. no.: Bldg 2

Project name: Mt. Vernon Bldg 2

Cross street/directions to job site: SW Erickson Ave. & SW Allen Blvd.

Subdivision: HYLH

Lot no.:

Tax map/parcel no.: 1S121AB06200

DESCRIPTION OF WORK

Replace roofing underlayment and shingle. Replace roof sheathing only if damaged.

☒ PROPERTY OWNER

☐ TENANT

Name: Mt. Vernon Village Home Owners Association an Oregon nonprofit

Address: PO Box 2429

City/State/ZIP: Beaverton, OR 97075

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Summit RWP

Contact name: Kellie Kraynak

Address: 7215 SW Bonita Rd

City/State/ZIP: Tigard, OR 97224

Phone: (971) 409-4984

Fax:

E-mail: Kelliek@summitrecon.com

CONTRACTOR

Business name: Summit RWP

Address: 7215 SW Bonita Rd

City/State/ZIP: Tigard, OR 97224

Phone: (971) 409-4984

Fax:

CCB lic.: 199636

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 98,777.00

Existing building area: square feet

New building area: square feet

Number of stories: 2

Type of construction: VB

Occupancy groups:

Existing: R-2

New: R-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1442.63

Amount received

Date received:

Authorized signature:

Print name:

Date:

Kellie Kraynak

08/17/20

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 8-17-2020

Permit No.: B2020-2966

Date Issued: 8-17-20

By: *HL*

Payment Type: *ULSA*

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☒ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 6005 SW Erickson Ave

City/State/ZIP: Beaverton OR 97008

Suite/bldg./apt. no.: Bldg 1

Project name: Mt. Vernon Bldg 1

Cross street/directions to job site: SW Erickson Ave. & SW Allen Blvd.

Subdivision:

Lot no.:

Tax map/parcel no.: 1S121AB05300

DESCRIPTION OF WORK

Replace roofing underlayment and shingle. Replace roof sheathing only if damaged.

☒ PROPERTY OWNER

☐ TENANT

Name: Mt. Vernon Village Home Owners Association an Oregon nonprofit C

Address: PO Box 2429

City/State/ZIP: Beaverton, OR 97075

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Summit RWP

Contact name: Kellie Kraynak

Address: 7215 SW Bonita Rd

City/State/ZIP: Tigard, OR 97224

Phone: (971) 409-4984

Fax:

E-mail: Kelliek@summitrecon.com

CONTRACTOR

Business name: Summit RWP

Address: 7215 SW Bonita Rd

City/State/ZIP: Tigard, OR 97224

Phone: (971) 409-4984

Fax:

CCB lic.: 199636

Authorized
signature:

Print name:

Date:

Kellie Kraynak

08/17/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 98,777.00

Existing building area: square feet

New building area: square feet

Number of stories: 2

Type of construction: VB

Occupancy groups:

Existing: R-2

New: R-2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$1,442.63

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 7-7-2020	Permit No.: B2020-2340
Date Issued: 8-17-20	By: <i>ML</i>
	Payment Type: <i>Cheek</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15330 SW DAVIS ROAD	
City/State/ZIP: BEAVERTON OR 97007	
Suite/bldg./apt. no.: LOWER LEVEL	Project name:
Cross street/directions to job site: SW 153 AVE/SW DAVIS ROAD	
Subdivision: Gold Ridge	Lot no.: 38
Tax map/parcel no.: 1S120AB-02700	
DESCRIPTION OF WORK	
(1) Add non structural wall to divide family room into two bedrooms, closet and linen closet. 2) Add window 3) Plumbing and Electric for bedrooms, kitchen and laundry. Please see supplement to understand circumstances.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Evelyn King	
Address: 15330 SW Davis Road	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-962-0319	Fax: none
E-mail: kingem0202@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: n/a	
Contact name: Evelyn King	
Address: 15330 SW Davis Road	
City/State/ZIP: Beaverton OR 97007	
Phone: 503-962-0319	Fax: none
E-mail: kingem0202@gmail.com	
CONTRACTOR	
Business name: RedTech LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 229647	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$65,000
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	~120 square feet
Deck area:	~132 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$486.14
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	
Print name:	Date:
Evelyn M. King	July 2, 2020



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

RECEIVED

OFFICE USE ONLY

Date Received: 07/24/2020 Permit No.: B2020-2645
Date Issued: 08/17/2020 By: [Signature]
CITY OF BEAVERTON
BUILDING DIVISION
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6260 Sw Chestnut lane	
City/State/ZIP: Beaverton Or 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove 2 windows at kitchen, infill framing/sheeting. Frame for single 6/0 x 3/0 window	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Cornerstone Builders	
Contact name: Bre Reynolds	
Address: 7721 Sw Cirrus Drive Bldg 30-c	
City/State/ZIP: Beaverton Or 97008	
Phone: (503) 671-9538	Fax:
E-mail: info@cornerstonebuilders.org	
CONTRACTOR	
Business name: Cornerstone Builders	
Address: 7721 Sw Cirrus Drive Bld 30-C	
City/State/ZIP: Beaverton Or 97008	
Phone: (503) 671-9538	Fax:
CCB lic.: 170654	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2000
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$80.58
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:	Date:
Print name: Bre Reynolds	07/23/20



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/28/2020 Permit No.: B2020-2685
Date Issued: 08/17/2020
CITY OF BEAVERTON
BUILDING DIVISION
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15435 SW Middleton Ct
City/State/ZIP: Beaverton, OR 97007
Suite/bldg./apt. no.: Project name: Knowles Bathroom
Cross street/directions to job site: SW 155th and Middleton Ct. Green house with white trim on the cul-de-sac

Subdivision: Vale Woods Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Add a bathroom inside existing square footage of home.

☒ PROPERTY OWNER

☐ TENANT

Name: Keith Knowles
Address: 15435 SW Middleton Ct
City/State/ZIP: Beaverton, OR 97007
Phone: 503-317-6536 Fax:
E-mail: keith@everlifelifehome.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: EverLife Home LLC
Contact name: Keith Knowles
Address: 15435 SW Middleton Ct.
City/State/ZIP: Beaverton, OR 97007
Phone: 503-317-6536 Fax:
E-mail: keith@everlifelifehome.com

CONTRACTOR

Business name: EverLife Home LLC
Address: 15435 SW Middleton Ct
City/State/ZIP: Beaverton, OR 97007
Phone: 503-317-6536 Fax:
CCB Lic.: 213850

Authorized signature: *Keith Knowles*

Print name: Keith Knowles

Date: 07-24-2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 25,000

Number of bedrooms:

Number of bathrooms: 1

Total number of floors: 1

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$248.67

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

Clear Form

OFFICE USE ONLY

Date Received: 8-13-20	Permit No.: B2020-2938
Date Issued: 8-14-20	By: JKL
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4245 SW Rose Biggi Ave.	
City/State/ZIP: Beaverton /OR / 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo & Abatement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton Urban Redevelopment Agency	
Address: 12725 SW Millikan Way	
City/State/ZIP: Beaverton /OR / 97005	
Phone: 503.526.2520	Fax: 503.526.2550
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LOI Environmental & Demolition Services	
Contact name: Ben Tipton	
Address: 5930 Jean Rd	
City/State/ZIP: Lake Oswego /OR / 97035	
Phone: 503.245.6460	Fax: 503.245.4201
E-mail: b.tipton@lsienviro.com	
CONTRACTOR	
Business name: LOI Environmental & Demolition Services	
Address: 5930 Jean Rd.	
City/State/ZIP: Lake Oswego /OR / 97035	
Phone: 503.245.6460	Fax: 503.245.4201
CCB lic.: OR * 38052	

Authorized signature:

Print name: Benjamin Tipton III

Date: 08/12/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: 2500 square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$ 830.75
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12726 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

Clear Form

OFFICE USE ONLY

Date Received: 8-13-20	Permit No.: B2020-29410
Date Issued: 8-14-20	By: JWR
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12875 SW Beaverdam St.	
City/State/ZIP: Beaverton /OR/ 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo & Abatement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton Urban Redevelopment Agency	
Address: 12725 SW Millikan Way	
City/State/ZIP: Beaverton /OR/ 97005	
Phone: 503.526.2520	Fax: 503.526.2550
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LOI Environmental & Demolition Services	
Contact name: Ben Tipton	
Address: 5930 Jean Rd.	
City/State/ZIP: Lake Oswego /OR/ 97035	
Phone: 503.245.6460	Fax: 503.245.4201
E-mail: b.tipton@loienviro.com	
CONTRACTOR	
Business name: LOI Environmental & Demolition Services	
Address: 5930 Jean Rd.	
City/State/ZIP: Lake Oswego /OR/ 97035	
Phone: 503.245.6460	Fax: 503.245.4201
CCB lic.: OR * 38052	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	14516
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4516
Existing building area:	3000 square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$830.75
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:	Date: 08/12/2020
Print name: Benjamin Tipton III	

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 08/12/2020

Permit No.: B2020-2896

Date Issued: 8-14-20

By: AL

Payment Type: MC

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: Solar PV System

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 39 SW Wallingford Way, Beaverton, Oregon, 97006, USA

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 3.15 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Aixa Lancaster

Address: 39 SW Wallingford Way, Beaverton, Oregon, 97006, USA

City/State/ZIP:

Phone:

Fax:

E-mail: thomas.m.lancaster@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Grayson Beck

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized
signature:

Jeff Lee

Print name:

Jeff Lee

Date:

08/11/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$8,992.46

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$128.80

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Building Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 08/12/2020 Permit No. B2020-2898
Date Issued: 8-14-20 By: *MC*
Payment Type: *MC*

TYPE OF WORK

- ☐ New construction ☐ Demolition
☐ Addition/alteration/replacement ☒ Other: Solar PV System

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 7265 sw 163rd place,, Beaverton, Oregon, 97007, USA

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Residential Rooftop Solar PV System 9.45 kW

☒ PROPERTY OWNER

☐ TENANT

Name: Phillip Epling

Address: 7265 sw 163rd place,, Beaverton, Oregon, 97007, USA

City/State/ZIP:

Phone: 15038887488

Fax:

E-mail: pepling9@frontier.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Blue Raven Solar LLC

Contact name: Grayson Beck

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

E-mail: permitting.department@blueravensolar.com

CONTRACTOR

Business name: Blue Raven Solar LLC

Address: 1403 North Research Way

City/State/ZIP: Orem, UT 84097

Phone: 385-482-0045

Fax:

CCB lic.: 210112

Authorized
signature:

Jeff Lee

Print name:

Jeff Lee

Date:

08/12/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$20,485.81

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$207.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-5270

Date Issued: 8-14-20

By: *HL*

Payment Type: *Check*

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17321 SW GOLDCREST LN

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 87

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 257,815.00

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1880.3 square feet

Garage/carport area: 453.14 square feet

Covered porch area: 123.81 square feet

Deck area: 23.57 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-5400

Date Issued: 8-14-20

By: *HL*

Payment Type: *Check*

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17319 SW GOLDCREST LN

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 80

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 202,559.54

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1795 square feet

Garage/carport area: 608 square feet

Covered porch area: 36 square feet

Deck area: 108 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-5401

Date Issued: 8-14-20

By: *HLK*

Payment Type: *Check*

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17315 SW GOLDCREST LN

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 85

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 202,559.54

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1542.3 square feet

Garage/carport area: 368.94 square feet

Covered porch area: 105.44 square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-5405

Date Issued: 8-14-20

By: *KL*

Payment Type: *check*

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 17311 SW GOLDCREST LN

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 84

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 257,815.00

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1880.3 square feet

Garage/carport area: 453.14 square feet

Covered porch area: 123.81 square feet

Deck area: 23.57 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 06/18/2020	Permit No.: B2020-2106
Date Issued: 8-13-20	By: <i>HL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Visa</i>	

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 11820 SW Ridgeview Terr
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: Project name: Locke
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Replace existing deck w/ smaller deck

☒ PROPERTY OWNER

☐ TENANT

Name: Matt & Heidi Locke
Address: 111820 SW Ridgeview Terr
City/State/ZIP: Beaverton, OR 97008
Phone: (503) 975-9640 Fax:
E-mail: matt.locke70@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Three Rivers Custom Decks
Contact name: Jim Gates
Address: 23885 S Mountain Terr
City/State/ZIP: Beavercreek, OR 97004
Phone: (503) 519-6550 Fax:
E-mail: jgates@decksby3rivers.com

CONTRACTOR

Business name: Three Rivers Custom Decks
Address: 23885 S Mountain Terr
City/State/ZIP: Beavercreek, OR 97004
Phone: (503) 519-6550 Fax:
CCB lic.: 187501

Authorized
signature:

Print name:

Date: 6/18/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 15000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: 530 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$232.43

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/15/2020	Permit No.: B2020-2471
Date Issued: 8-12-20	By: <i>[Signature]</i>
	Payment Type: <i>VISA</i>

TYPE OF WORK

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|--|--|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder | <input type="checkbox"/> Other: |

JOB SITE INFORMATION AND LOCATION

Job site address: 10875 SW FALCON CT
City/State/ZIP: Beaverton Or 97007
Suite/bldg./apt. no.: 10875 Project name: Venture Deck
Cross street/directions to job site:

Sw 155th Ave Sw Falcon Ct

Subdivision: Murray Hill Lot no.: 10875

Tax map/parcel no.: 1S132BD06600

DESCRIPTION OF WORK

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Venture Construction and Remodeling LLC

Contact name: Gordon Dickey

Address: 22504 Sw Riggs Rd

City/State/ZIP: Beaverton Or 97078

Phone: 503-516-1439

Fax:

E-mail: Gordondickey@hotmail.com

CONTRACTOR

Business name: Venture Construction and Remodeling LLC

Address: 22504 Sw Riggs Rd

City/State/ZIP: Beaverton Or 97078

Phone: 503-516-1439

Fax:

CCB lic.: 177699

Authorized
signature:

Print name: Gordon Dickey

Date: 7/13/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$25,000

Number, of bedrooms: 4

Number of bathrooms: 4

Total number of floors: 2

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: 290 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$349.54

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97078
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received 07/16/2020

Permit No.: B2020-2488

Date Issued: 8/12/20

By: JMR

Payment Type: Visa

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 230 S.W. Valeria View Dr.

City/State/ZIP: Beaverton, Or. 97225

Suite/bldg./apt. no.:

Project name: Shapcott

Cross street/directions to job site: Celeste Ln

Subdivision:

Lot no.:

Tax map/parcel no.: 1S103AA07000

DESCRIPTION OF WORK

Replace Existing Step & Landing
Add 4' to front deck

☒ PROPERTY OWNER

☐ TENANT

Name: Kevin Shapcott

Address: 230 S.W. Valeria View Dr.

City/State/ZIP: Beaverton, Or. 97225

Phone: (248) 818-0795

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Ricks Custom Fencing

Contact name: Steve Rutledge

Address: 4543 SE T.V. Hwy.

City/State/ZIP: Hillsboro, Or. 97133

Phone: 503-992-6879

Fax:

E-mail: Steve.Rutledge@RicksFencing.com

CONTRACTOR

Business name: Ricks

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.: 50088

Authorized signature:

Print name: Steve Rutledge

Date: 7-15-2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

8000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet 80

Other structure area: Stairs square feet 60

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$124.43

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 08/07/2020	Permit No.: B2020-2842
Date Issued: 8-11-20	By: JHK
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16485 SW Emerald View St	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Chang 36583
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R2142021	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 2 Helical Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jessica & Martin Chang	
Address: 16485 SW Emerald View St	
City/State/ZIP: Beaverton OR 97007	
Phone: (971) 300-6969	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmas.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 5,600.92

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$109.82

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:

Print name:

Elenita Ronquillo

Date:

08/07/20



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Milikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bldg

RECEIVED

OFFICE USE ONLY

Date Received: 07/29/2020	Permit No: B2020-2705
Date Issued: 8-11-20	By: <i>HK</i>
Payment Type: Visa	

CITY OF BEAVERTON

BUILDING DIVISION: 1- AND 2-FAMILY DWELLING

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16710 NW Pebble Beach Way	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
The Scope is: Kitchen Remodel; Remove 2 windows and fill in, add 1 window, widen doorway.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jeff & Vicky Ginter	
Address: 16710 NW Pebble Beach Way	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 625-4838	Fax:
E-mail: judy@northlandbuild.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Northland Construcin & Design, Inc.	
Contact name: Judy Paul	
Address: 20000 SW Cappaen Road	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 625-4838	Fax:
E-mail: judy@northlandbuild.com	
CONTRACTOR	
Business name: Northland Design & Build, Inc.	
Address: 20000 SW Cappaen Road	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 625-4838	Fax:
CCB lic.: 104810	

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$25,000

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 2

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$248.67

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:

Print name:

Date:

Judy Paul
Judy Paul

7/28/2020



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received:	Permit No: B 2020-2863
Date Issued: 8/11/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15753 SW Wren Lane	
City/State/ZIP: Beaverton 97007	
Suite/bldg./apt. no.:	Project name: SW Wren
Cross street/directions to job site: Turnstone Ave	
Subdivision: Turnstone	Lot no.:
Tax map/parcel no.: R2204305	
DESCRIPTION OF WORK	
Adding gas line for BBQ in back yard.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nathan Siemer and Shelly Ralston	
Address: 15753 SW Wren Lane	
City/State/ZIP: Beaverton 97007	
Phone: 503-709-6531	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: RJ Clooten Homes	
Contact name: Rich Clooten	
Address: PO Box 7464	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-476-5605	Fax:
E-mail:	
CONTRACTOR	
Business name: RJ Clooten Homes	
Address: PO Box 7464	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-476-5605	Fax:
CCB Lic.: 22565	

Authorized
signature:

Print name:	Date:
Richard J Clooten	08/18/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$500.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 06/22/2020	Permit No.: B2020-2141
Date Issued: 8-10-20	By: JKL
CITY OF BEAVERTON	Payment Type: Check

BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17437 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 190
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$337,817.28
Number, of bedrooms:	3
Number of bathrooms:	2-1/2
Total number of floors:	2
New dwelling area:	square feet 2518
Garage/carport area:	square feet 417
Covered porch area:	square feet 193
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	1395.93
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Sandro Guerrero	06/22/20



Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 04/06/2020 Permit No.: B2020-1258
Date Issued: 8-10-20 By: *ML*
Payment Type: *check*

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17421 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 189
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sgurrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB Lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$332,341.69
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2518
Garage/carport area:	square feet 417
Covered porch area:	square feet 127
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,380.60
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Sandro Guerrero	03/31/20

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 07/14/2020 Permit No: B2020-2452
Date issued: 8/10/2020
Payment Type:

TYPE OF WORK

☐ New construction
☒ Addition/alteration/replacement
☐ Demolition
☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling
☐ Accessory building
☐ Master builder
☐ Commercial/Industrial
☐ Multi-family
☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15065 S.W. Wheaton Ln
City/State/ZIP: Beaverton, Or. 97007
Suite/bldg./apt. no.:
Project name: Geddie
Cross street/directions to job site: S.W. 105th Ave.

Subdivision:
Tax map/parcel no.: 15120AA01900

DESCRIPTION OF WORK

Replace Existing Deck
Like for Like

PROPERTY OWNER

TENANT

Name: Steve Geddie
Address: 15065 S.W. Wheaton Ln.
City/State/ZIP: Beav. Or. 97007
Phone: 503-329-4867
Fax:
E-mail:

APPLICANT

CONTACT PERSON

Business name: Rick Custom Fence & Deck
Contact name: Steve Rutledge
Address: 4543 S.E. T.V. Hwy.
City/State/ZIP: Hillsboro, Or. 97123
Phone: 503-992-6879
Fax:
E-mail: Steve.Rutledge@RicksFencing.com

CONTRACTOR

Business name:
Address:
City/State/ZIP:
Phone:
Fax:

CCB lic.: 50088

Authorized signature:

Print name: Steve Rutledge

Date: 7-13-20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 14,616.
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet 344
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application: \$232.43
Amount received:
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4756
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

RECEIVED

OFFICE USE ONLY

Date Received: 08/03/2020 Permit N: B2020-2761
Date Issued: 8/10/2020 By: [Signature]
CITY OF BEAVERTON Building Division Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 3211 SW CEDARS HILLS BLVD
City/State/ZIP: BEAVERTON OR 97005
Suite/bldg./apt. no.: Project name: OSWEGO GRILL
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

FIRE ALARM TENANT IMPROVEMENT

☐ PROPERTY OWNER ☒ TENANT

Name: CROSSROADS RESTAURANT GROUP
Address: 25195 SW PARKWAY AVENUE
City/State/ZIP: BEAVERTON OR 97070
Phone: (503) 307-3481 Fax:
E-mail: BGABRIEL@CROSSROADSRESTAURANTS.COM

☒ APPLICANT ☐ CONTACT PERSON

Business name: T&L COMMUNICATIONS
Contact name: LARRY BUSHAW
Address: PO BOX 87387
City/State/ZIP: VANCOUVER WA 98687
Phone: (360) 737-9725 Fax:
E-mail: OFFICE@TL-COMMUNICATIONS.COM

CONTRACTOR

Business name: T&L COMMUNICATIONS
Address: PO BOX 87387
City/State/ZIP: VANCOUVER WA 98687
Phone: (360) 737-9725 Fax:
CCB lic.: 67787

Authorized signature:

[Signature: Larry Bushaw]

Print name: LARRY BUSHAW Date: 07/20/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 4,100

Existing building area: 6000 square feet

New building area: square feet

Number of stories: 1

Type of construction: V-B

Occupancy groups: A-2

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$74.13

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received:	Permit No. 152026-0638
Date Issued: 07/15/20	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12650 SW Brockman Street	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Guidepost Montessori
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S128DA00300	
DESCRIPTION OF WORK	
Interior tenant improvement for a day care facility, including replacement of existing multi-user toilet room with toilet for each room, creation of staff room, new plumbing fixtures, casework and finishes	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Wall, George E & Pamela J	
Address: 11800 SW Bull Mountain Rd.	
City/State/ZIP: Tigard, OR 97224	
Phone: (503) 624-7100	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Higher Ground Education	
Contact name: Keith Berdogin	
Address: 10 Orchard, Suite 200	
City/State/ZIP: Lake Forest, CA 92630	
Phone: (503) 750-2668	Fax:
E-mail: kberdogin@yahoo.com	
CONTRACTOR	
Business name: Nick Karayel, DBA Pacific Valley Construction	
Address: 11055 Portland Road, NE	
City/State/ZIP: Brooks, OR 97224	
Phone: (971) 218-4653	Fax:
CCB lic.: 201696 201436	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	187155
Existing building area:	5039 square feet
New building area:	5039 square feet
Number of stories:	1
Type of construction:	Wood
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature: [Signature]	Date:
Print name: Keith Berdogin	07/27/20

8/3/2020

CITY OF BEAVERTON

BUILDING DIVISION Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bldg



OFFICE USE ONLY

Date Received: 8-3-2020

Permit No.: B2020-2209

Date Issued: 8/7/2020

By: [Signature]

Payment Type:

TYPE OF WORK

☒ New construction☐ Demolition☐ Addition/alteration/replacement☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling☐ Commercial/Industrial☐ Accessory building☒ Multi-family☐ Master builder☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12715 SW 172nd Terrace

City/State/ZIP: Beaverton, Oregon 97007

Suite/bldg./apt. no.: Garage

Project name: South Cooper Mountain

Cross street/directions to job site: Intersection of SW 172nd Ter and SW Scholls Ferry Rd

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Installation of new NFPA 13 fire sprinkler system.

☐ PROPERTY OWNER☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT☐ CONTACT PERSON

Business name: Jet Industries - Fire Protection

Contact name: Christopher Youngberg

Address: 1935 NE Silverton RD

City/State/ZIP: Salem, Oregon 97301

Phone: (971) 600-5686

Fax:

E-mail: christopher.y@jetindustries.net

CONTRACTOR

Business name: Same as applicant

Address: Same as applicant

City/State/ZIP: Same as applicant

Phone: (971) 600-5686

Fax:

CCB lic.: 3944

Authorized signature: [Signature]

Print name:

Christopher Youngberg

Date:

08/03/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,506.50

Existing building area: square feet

New building area: 86569 square feet

Number of stories:

2

Type of construction:

II-B

Occupancy groups:

S-2

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

812.09

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

City of Beaverton

PO Box 4755, Beaverton, OR 97076

Phone (503) 526-2403; Fax: (503) 526-2550

Internet address: www.ci.beaverton.or.us

RECEIVED

OFFICE USE ONLY

Date Received: 07/24/2020

Permit No.: B2020-2647

Date Issued: 8/11/2020

By: [Signature]

1&2 family: Simple

Payment Type:

Complex:

CITY OF BEAVERTON

BUILDING DIVISION

REQUIREMENTS: 1- AND 2-FAMILY DWELLING

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 11350 SW Canyon Rd

City/State/ZIP: Beaverton OR

Suite/bldg./apt no.: 104

Project name: KOBH

Cross street/directions to job site:

IN Fred Meyer Packing Lot Fuel

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Install Fire System in Cooking Hood

☐ PROPERTY OWNER

☐ TENANT

Name: Space Works

Address:

City/State/ZIP:

Phone: 503 699-3461

Fax: ()

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone: ()

Fax: ()

E-mail: OFFICE@ABCFIREX.COM

CONTRACTOR

Business name: ABC Fire Extinguisher

Address: 4848 NE 102nd Ave

City/State/ZIP: Portland OR 97220

Phone: (503) 772-1643

Fax: (503) 772-1647

CCB lic.: 133214

Authorized signature:

Print name: Bob Ward

Date: 7-14-2020

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 4000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$66.60

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 8-5-20

Permit No.: B2020-2812

Date Issued: 8-6-20

By: JUK

Payment Type: Visa

TYPE OF WORK

- ☐ New construction ☒ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☒ Other: old falling down house

JOB SITE INFORMATION AND LOCATION

Job site address: 6495 SW Murray Blvd.

City/State/ZIP: Beaverton, OR 97008

Suite/bldg./apt. no.:

Project name: Sakai demo

Cross street/directions to job site: just south of Murray and Davis

Subdivision:

Lot no.:

Tax map/parcel no.: 1S120AA-03802

DESCRIPTION OF WORK

This property was transferred to me in exchange for the frontage of my property at 6485 SW Murray Blvd, when Murray was widened. It has been empty since then (1996?) and is now a falling down wreck that needs to be removed.

☐ PROPERTY OWNER

☐ TENANT

Name: Lynn Y. Sakai

Address: 6485 SW Murray Blvd.

City/State/ZIP: Beaverton, OR 97008

Phone: (503) 475-2554

Fax:

E-mail: lyspdx@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

CONTRACTOR

Business name: Cipriano Construction Co.

Address: 9795 SE 242nd Ave.

City/State/ZIP: Damascus, OR 97089

Phone: (503) 307-1282

Fax:

CCB lic.: #81536

Authorized signature:

Print name:

Date:

Lynn Y. Sakai

08/04/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$15,000 to tear down and remove

Number of bedrooms: 2

Number of bathrooms: 1

Total number of floors: 1

New dwelling area: none square feet

Garage/carport area: none square feet

Covered porch area: none square feet

Deck area: none square feet

Other structure area: none square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$371.88

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Building Permit Application

Clear Form



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received 12/3/2019 Permit No. B2019-4970
Date Issued: 8/6/2020 By: [Signature]
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☒ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 14405 SW 27th ct
City/State/ZIP: beaverton or, 97008
Suite/bldg./apt. no.: Project name: deck
Cross street/directions to job site:

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

the old deck had rotted boards and beams, structurally unsafe to step on, demolition was recommended by contractor. Contractor built a new deck based on the old deck. The permit application is in retrospect. I have attached the plan for the deck.

☒ PROPERTY OWNER

☐ TENANT

Name: Bright Star Investments, LLC
Address: 16055 SW Walker rd. #254
City/State/ZIP: Beaverton OR 97006
Phone: 5037298208 Fax:
E-mail: yurk@hotmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Bright Star Investments, LLC
Contact name: wenyan zhu
Address: 16055 SW Walker rd. #254
City/State/ZIP: Beaverton OR 97006
Phone: 5037298208 Fax:
E-mail: yurk@hotmail.com

CONTRACTOR

Business name: GABRIEL CAVALIER LONDON
Address: 14900 S STEVENS RD
City/State/ZIP: OREGON CITY OR 97045
Phone: Fax:
CCB lic.: 220231

Authorized
signature:

Print name: Wenyan zhu

Date: 11/25/2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$600

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: 96 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$113.44

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/21/2020 Permit No.: B2020-2573

Date Issued: 08/10/2020
CITY OF BEAVERTON
BUILDING DIVISION

Payment Type:

TYPE OF WORK

- ☒ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9375 SW Beaverton Hillsdale Highway

City/State/ZIP: Beaverton, OR 97005

Suite/bldg./apt. no.:

Project name: Chipotle #3737

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Install Ansul R-102 UL300 Kitchen Fire System into pre-piped exhaust hood (Type1).

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Sanderson Fire Protection

Contact name: Geoff Spahr

Address: 1101 SE 3rd

City/State/ZIP: Portland, OR 97214

Phone: (503) 889-3110

Fax:

E-mail: geoff@sandersonfire.com

CONTRACTOR

Business name: Same as Above

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.: 208652

Authorized
signature:

Geoffrey R. Spahr

Print name:

Geoff Spahr

Date:

07/20/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$1700.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$46.51

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

Clear Form

OFFICE USE ONLY

Date Received: 08/03/2020 Permit No.: B2020-2760
Date Issued: 8/15/2020
CITY OF BEAVERTON
BUILDING DIVISION
Payment Type:

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 7969 SW CIRRUS DR
City/State/ZIP: Beaverton, OR 97008
Suite/bldg./apt. no.: 22-G Project name: Mimomax
Cross street/directions to job site: SW Hall Blvd.

Subdivision: Lot no.: 01300
Tax map/parcel no.: 1S127AB

DESCRIPTION OF WORK

This project is limited to the addition of new casework and sink.

☒ PROPERTY OWNER

☐ TENANT

Name: Harsch Investment Corp.
Address: 8275 SW Cirrus Drive
City/State/ZIP: Beaverton, OR 97008
Phone: (503) 450-0831 Fax:
E-mail: EmilyM@Harsch.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Robert Simpson Architect, PC
Contact name: Robert C. Simpson
Address: 6121 NE Rosebay Drive
City/State/ZIP: Hillsboro, OR 97124-5046
Phone: (503) 709-9653 Fax:
E-mail: R.C.Simpson@iCloud.com

CONTRACTOR

Business name: Pacific Crest Structures
Address: 17750 SW Upper Boones Ferry Road, Suite 190
City/State/ZIP: Durham, OR 97224
Phone: (503) 968-8949 Fax:
CCB lic.: 66915

Authorized
signature:

Print name:

Robert C. Simpson

Date:

July 31, 2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$13,431.00

Existing building area: 21,278 square feet

New building area: 0 square feet

Number of stories: 1

Type of construction: 3-B

Occupancy groups:

Existing: B/S-1

New: B/S-1

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$362.61

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 06/16/2020	Permit No.: B2020-2068
Date Issued: 06/16/2020	By: [Signature]
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK

- ☐ New construction
☒ Addition/alteration/replacement
☐ Demolition
☐ Other:

CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling
☐ Accessory building
☐ Master builder
☒ Commercial/Industrial
☐ Multi-family
☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 11741 S.W. Beaverton Hillsdale Hwy
City/State/ZIP: Beaverton, OR 97005
Suite/bldg./apt. no.: Project name: Chimcking T.I.
Cross street/directions to job site: S.W. Beaverton Hillsdale Hwy & Beaverton Tigard Hwy

Subdivision: Lot no.:
Tax map/parcel no.:

DESCRIPTION OF WORK

Add/Relocate fire sprinklers per tenant improvement walls and ceilings. All work per NFPA 13 and all applicable codes.

☐ PROPERTY OWNER

☒ TENANT

Name: Chimcking Tenant Improvement
Address: 11741 S.W. Beaverton Hillsdale Hwy
City/State/ZIP: Beaverton, OR 97005
Phone: Fax:
E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: Hydro Tech Fire Protection, Inc.
Contact name: Keri Hamilton
Address: 15218 N.E. Caples Road / P.O. Box 40
City/State/ZIP: Brush Prairie, WA 98606
Phone: (360) 256-2816 Fax: (360) 256-2817
E-mail: keri@hydrotechfire.com

CONTRACTOR

Business name: Hydro Tech Fire Protection, Inc.
Address: 15218 N.E. Caples Road
City/State/ZIP: Brush Prairie, WA 98606
Phone: (360) 256-2816 Fax: (360) 256-2817
CCB lic.: 104778

Authorized signature:

Print name:

Date:

Keri Hamilton

06-16-2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$2,800

Existing building area: 1,180 square feet

New building area: 1,180 square feet

Number of stories: 1

Type of construction: VB

Occupancy groups: Restaurant

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application \$59.08

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 12-6-2019	Permit No.: B2019-5047
Date Issued: 8/4/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14205 SW Allen Blvd.	
City/State/ZIP: Beaverton/Oregon/97005	
Suite/bldg./apt. no.:	Project name: SW Allen Blvd. T.I.
Cross street/directions to job site: SW Allen Blvd. and SW 141st Ave.	
Subdivision:	Lot no.: R132591
Tax map/parcel no.: 1S116CC00604	
DESCRIPTION OF WORK	
BUILDING PERMIT FOR RECREATIONAL CANNABIS DISPENSARY. WORK INCLUDES DEMOLITION OF ALL INTERIOR WALLS, SOME EXTERIOR WALLS, ENTIRE ROOF SYSTEM, AND EXTERIOR ENTRY STAIRS. WORK INCLUDES NEW INTERIOR/EXTERIOR	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Dr Richard Krokum	
Address: 12995 NW Jackson School Road	
City/State/ZIP: North Plains OR 97133	
Phone: (503) 730-7732	Fax:
E-mail: krokumr@msn.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bama Architecture And Design	
Contact name: Dustin Gerhardt	
Address: 7350 SE Milwaukie Ave.	
City/State/ZIP: Portland/Oregon/97202	
Phone: (503) 253-4283	Fax:
E-mail: dustin@bamadesign.com	
CONTRACTOR	
Business name: NW Elite Building & Design LLC	
Address: 3131 Ivy Dr	
City/State/ZIP: Newberg/OR/97132	
Phone: (503) 867-0762	Fax:
CCB lic.: 209645	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$180,000
Existing building area:	2,180 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	B/M
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,009.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:	Date:
Print name:	



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-3708

Date Issued: 8/13/2020

By: [Signature]

Payment Type:

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12430 SW 171st Terrace

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts

Lot no.: 58

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$215,363

Number of bedrooms: 2

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1570 square feet

Garage/carport area: 475 square feet

Covered porch area: 36 square feet

Deck area: 96 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-3709

Date Issued: 07/31/2020

Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12428 SW 171st Terrace	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 59	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angie Cook	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: angie@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

Authorized signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$221,277

Number of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1795 square feet

Garage/carport area: 608 square feet

Covered porch area: 36 square feet

Deck area: 108 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 08/03/2020 Permit No.: B2020-2401

Date Issued: 8/3/2020

By: [Signature]

CITY OF BEAVERTON

Payment Type:

BUILDING DIVISION

TYPE OF WORK

- ☐ New construction ☐ Demolition
☒ Addition/alteration/replacement ☐ Other:

CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/Industrial
☐ Accessory building ☐ Multi-family
☐ Master builder ☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 9748 SW Appaloosa Place

City/State/ZIP: Beaverton OR 97008

Suite/bldg./apt. no.:

Project name: Light

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

DESCRIPTION OF WORK

Adding 6.5 kW Roof Top Solar PV System

☒ PROPERTY OWNER

☐ TENANT

Name: Brain Light

Address: 9748 SW Appaloosa Place

City/State/ZIP: Beaverton OR 97008

Phone: 503 320-5389

Fax:

E-mail: arhbri@comcast.net

☐ APPLICANT

☐ CONTACT PERSON

Business name: Premier Solar NW

Contact name: Robert M. Rathbone

Address: 12399 NW Waker Dr.

City/State/ZIP: Portland, OR 97229

Phone: 503-828-9500

Fax:

E-mail: rrathbone@premiersolarnw.com

CONTRACTOR

Business name: Premier Solar NW

Address: 12399 NW Waker Dr.

City/State/ZIP: Portland, OR 97229

Phone: (503) 828-9500

Fax:

CCB lic.: 218826

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$18,500.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19

Authorized signature:

[Signature]

Print name:

Clifford Barry

Date: 7/10/20



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07-28-2020

Permit No.: B2020-3707

Date Issued: 8/4/2020

By: [Signature]

Payment Type:

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12434 SW 171st Terrace

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 57

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB Lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$215,363

Number, of bedrooms: 2

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1570 square feet

Garage/carport area: 475 square feet

Covered porch area: 36 square feet

Deck area: 96 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 07/28/2020

Permit No.: B2018-3705

Date Issued: 8/3/2020

By:

Payment Type:

TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12500 SW 171st Terrace

City/State/ZIP: Beaverton Oregon

Suite/bldg./apt. no.:

Project name: South Cooper Mtn Hts

Cross street/directions to job site:

Subdivision: South Cooper Mountain Hts Lot no.: 56

Tax map/parcel no.:

DESCRIPTION OF WORK

New SFR

☒ PROPERTY OWNER

☐ TENANT

Name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

E-mail: angie@everetthomesnw.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: Everett Custom Homes

Contact name: Angie Cook

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7042

Fax:

E-mail: angie@everetthomesnw.com

CONTRACTOR

Business name: Everett Custom Homes

Address: 3330 NW Yeon Ave, Suite 100

City/State/ZIP: Portland, OR 97210

Phone: (503) 726-7060

Fax:

CCB lic.: 189447

Authorized
signature:

Angie Cook

Print name:

Angie Cook

Date:

07/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$221,277

Number, of bedrooms: 3

Number of bathrooms: 2.5

Total number of floors: 3

New dwelling area: 1795 square feet

Garage/carport area: 608 square feet

Covered porch area: 36 square feet

Deck area: 108 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/blb

OFFICE USE ONLY

Date Received: 07/14/2020

Permit No.: B2020-2453

Date Issued: 8-3-20

By: *JK*

Payment Type: VISA

TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15201 NW Greenbrier Pkwy., Bldg 'B'

City/State/ZIP: Beaverton, OR 97006

Suite/bldg./apt. no.:

Project name: Botanical Solutions Electrical Rm

Cross street/directions to job site: 158th & NW Greenbrier Pkwy.

Neighborhood: Five Oaks/Triple Creek

Subdivision:

Lot no.:

Tax map/parcel no.: 1N132AC00400

DESCRIPTION OF WORK

Provide existing electrical equipment/panels a one-hour rated enclosure within existing tenant space. And provide two exterior fenced corrals for future mechanical equipment.

☐ PROPERTY OWNER

☒ TENANT

Name: Jones Lang Lasalle

Address: 15455 NW Greenbrier Pkwy, Suite 245

City/State/ZIP: Beaverton, OR 97060

Phone: 503 629 9400

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Ankrom Moisan Architects, Inc.

Contact name: Blaine Burris

Address: 38 NW Davis St., Ste #300

City/State/ZIP: Portland, OR 97209

Phone: 503-952-1324

Fax:

E-mail: blaine@ankrommoisan.com

CONTRACTOR

Business name: Pacific Crest Construction

Address: 24111 NE Halsey ST., STE #400

City/State/ZIP: Troutdale, OR 97060

Phone: 503-669-8570

Fax:

CCB lic.: OR - 56255

Authorized signature:

Print name: Blaine Burris

Date: 07-08-20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$10,000.00

Existing building area: 22,884 square feet

New building area: square feet

Number of stories: One

Type of construction: III-B Full Sprinkler Coverage

Occupancy groups: F-1 & B Existing & to Remain

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application

\$285.65

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19



Building Permit Application

Community Development Department, Building Division
City of Beaverton
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
www.BeavertonOregon.gov/bib

OFFICE USE ONLY

Date Received: 6/23/2020

Permit No.: B2020-2148

Date Issued: 6/23/2020

By: [Signature]

Payment Type:

TYPE OF WORK

☐ New construction

☐ Demolition

☐ Addition/alteration/replacement

☒ Other: Deck and cover

CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☐ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 15753 SW Wren Lane

City/State/ZIP: Beaverton 97007

Suite/bldg./apt. no.:

Project name: SW Wren

Cross street/directions to job site: Turnstone Ave

Subdivision: Turnstone

Lot no.:

Tax map/parcel no.: R2204305

DESCRIPTION OF WORK

Adding cover deck at back of home

☐ PROPERTY OWNER

☐ TENANT

Name: Nathan Siemer and Shelly Ralston

Address: 15753 SW Wren Lane

City/State/ZIP: Beaverton 97007

Phone: 503-709-6531

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: RJ Clooten Homes

Contact name: Rich Clooten

Address: PO Box 7464

City/State/ZIP: Beaverton, OR 97007

Phone: 503-476-5605

Fax:

E-mail: rclooten@hotmail.com

CONTRACTOR

Business name: RJ Clooten Homes

Address: PO Box 7464

City/State/ZIP: Beaverton, OR 97007

Phone: 503-476-5605

Fax:

CCB Lic.: 227565

Authorized
signature:

Print name:

Date:

Richard J Clooten

6/19/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$10,000

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: 276 square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application 173.87

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 11/19